

SEND
COMPLETED
FORM TO:
The Appropriate
State or Regional
Office

United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM

<p>1. Reason for Submittal</p> <p>MARK ALL BOXES THAT APPLY</p>	<p>Reason for Submittal:</p> <p><input checked="" type="checkbox"/> To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location)</p> <p><input type="checkbox"/> To provide a Subsequent Notification (to update site identification information for this location)</p> <p><input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application</p> <p><input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____)</p> <p><input type="checkbox"/> As a component of the Hazardous Waste Report (If marked, see sub-bullet below)</p> <p><input type="checkbox"/> Site was a TSD facility and/or generator of >1,000 kg of hazardous waste, >1 kg of acute hazardous waste, or >100 kg of acute hazardous waste spill cleanup in one or more months of the report year (or State equivalent LQG regulations)</p>
<p>2. Site EPA ID Number</p>	<p>EPA ID Number <u>IAAR 000522672</u></p>
<p>3. Site Name</p>	<p>Name: <u>Mobren Transport Inc.</u></p>
<p>4. Site Location Information</p>	<p>Street Address: <u>2300 Murray St</u></p> <p>City, Town, or Village: <u>Sioux City, IA</u> County: _____</p> <p>State: <u>Iowa</u> Country: <u>USA</u> Zip Code: <u>51111</u></p>
<p>5. Site Land Type</p>	<p><input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other</p>
<p>6. NAICS Code(s) for the Site (at least 5-digit codes)</p>	<p>A. <u>283400</u> C. _____</p> <p>B. _____ D. _____</p>
<p>7. Site Mailing Address</p>	<p>Street or P.O. Box: <u>2300 Murray Street</u></p> <p>City, Town, or Village: <u>Sioux City</u></p> <p>State: <u>IA</u> Country: <u>USA</u> Zip Code: <u>51111</u></p>
<p>8. Site Contact Person</p>	<p>First Name: <u>Douglas</u> MI: <u>E</u> Last: <u>Deaton</u></p> <p>Title: <u>Plant Manager</u></p> <p>Street or P.O. Box: <u>2300 Murray Street</u></p> <p>City, Town or Village: <u>Sioux City</u></p> <p>State: <u>IA</u> Country: <u>USA</u> Zip Code: <u>51111</u></p> <p>Email: <u>deaton.d@splpharma.com</u></p> <p>Phone: <u>(712) 252-4500</u> Ext.: <u>22</u> Fax: <u>(712) 252-4900</u></p>
<p>9. Legal Owner and Operator of the Site</p>	<p>A. Name of Site's Legal Owner: <u>Scientific Protein Laboratories</u></p> <p>Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other</p> <p>Street or P.O. Box: <u>700 E. Main Street</u></p> <p>City, Town, or Village: <u>Waunakee</u> Phone: <u>608-849-5944</u></p> <p>State: <u>WI</u> Country: <u>USA</u> Zip Code: <u>53597</u></p> <p>B. Name of Site's Operator: <u>Same as above</u></p> <p>Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other</p> <p>Date Became Owner: <u>10/2007</u></p> <p>Date Became Operator: <u>10/2007</u></p>



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10. Type of Regulated Waste Activity (at your site)

Mark "Yes" or "No" for all current activities (as of the date submitting the form); complete any additional boxes as instructed.

A. Hazardous Waste Activities

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	1. Generator of Hazardous Waste—If "Yes", mark only one of the following—a, b, c	
<input type="checkbox"/>	a. LQG	-Generates, in any calendar month (includes quantities imported by importer site) 1,000 kg/mo (2,200 lb/mo) or more of non-acute hazardous waste; or - Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lb/mo) of acute hazardous waste; or - Generates, in any calendar month or accumulates at any time, more than 100 kg/mo (220 lb/mo) of acute hazardous spill cleanup material.
<input type="checkbox"/>	b. SQG	100 to 1,000 kg/mo (220-2,200 lb/mo) of non-acute hazardous waste and no more than 1 kg (2.2 lb) of acute hazardous waste and no more than 100 kg (220 lb) of any acute hazardous spill cleanup material.
<input type="checkbox"/>	c. VSQG	Less than or equal to 100 kg/mo (220 lb/mo) of non-acute hazardous waste.
If "Yes" above, indicate other generator activities in 2 and 3, as applicable.		
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	2. Short-Term Generator (generates from a short-term or one-time event and not from on-going processes). If "Yes" provide an explanation in the Comments section.	
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	3. Mixed Waste (hazardous and radioactive) Generator	
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	4. Treater, Storer or Disposer of Hazardous Waste—Note: A hazardous waste Part B permit is required for these activities.	
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	5. Receives Hazardous Waste from Off-site	
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	6. Recycler of Hazardous Waste	
<input type="checkbox"/>	a. Recycler who stores prior to recycling	
<input type="checkbox"/>	b. Recycler who does not store prior to recycling	
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	7. Exempt Boiler and/or Industrial Furnace—If "Yes", mark all that apply.	
<input type="checkbox"/>	a. Small Quantity On-site Burner Exemption	
<input type="checkbox"/>	b. Smelting, Melting, and Refining Furnace Exemption	

B. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g. D001, D003, F007, U112). Use an additional page if more spaces are needed.

D002						
P041						

C. Waste Codes for State Regulated (non-Federal) Hazardous Wastes. Please list the waste codes of the State hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed.

D. Eligible Academic Entities with Laboratories—Notification for opting into or withdrawing from managing laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K

❖ You can ONLY Opt into Subpart K if:

- you are at least one of the following: a college or university; a teaching hospital that is owned by or has a formal affiliation agreement with a college or university; or a non-profit research institute that is owned by or has a formal affiliation agreement with a college or university; AND
- you have checked with your State to determine if 40 CFR Part 262 Subpart K is effective in your state

Y ☐ N ☒ 1. Opting into or currently operating under 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories
See the Item-by-Item Instructions for definitions of types of eligible academic entities. Mark all that apply:

- ☐ a. College or University
- ☐ b. Teaching Hospital that is owned by or has a formal written affiliation agreement with a college or university
- ☐ c. Non-profit Institute that is owned by or has a formal written affiliation agreement with a college or university

Y ☐ N ☒ 2. Withdrawing from 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories**11. Description of Hazardous Waste****A. Waste Codes for Federally Regulated Hazardous Wastes.** Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

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B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-Regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed.

12. Notification of Hazardous Secondary Material (HSM) Activity

Y ☐ N ☒ Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 261.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (25)?

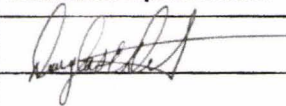
If "Yes," you must fill out the Addendum to the Site Identification Form: Notification for Managing Hazardous Secondary Material.

13. Comments

10-A-2 one time event. Storage tank decommissioned.
Virgin product shipped as waste.

Jim 7-6-17
AS promised original
Copy w/ changes
as approved
After
Amended

14. **Certification.** I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations. For the RCRA Hazardous Waste Part A Permit Application, all owner(s) and operator(s) must sign (see 40 CFR 270.10(b) and 270.11).

Signature of legal owner, operator, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
	Plant Manager	06/28/2017